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(Re	equestor's Name	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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SEUNL WRY OF JOHN. TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

	ion Section of Corporations		
SUBJECT: Sou	thern Custom Coatings, LLC.		
	(Name of Limited Liability Company)		
The enclosed Arti	cles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
]	Kevin Muehleisen	_	
•	(Name of Person)		
Sou	thern Custom Coatings, LLC.		
 -	(Firm/Company)	SEC	ස
1156 Ma	ngrove Road	AH	03 DEC
	(Address)	AR)	
	Venice, FL 34293-7719		e in
	(City/State and Zip Code)	707 717	
For further inform	nation concerning this matter, please call:	Lorios	ა ა
Nancy Conner	at (941) 493-0503		
	(Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Southern Custom Coatings, LLC.	<u> </u>
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1156 Mangrove Road	1156 Mangrove Roa i
Venice, FL 34293-7719	Venice, FL 34293-7719
	ASS C
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	egistered agent are:
	SS - T
The name and the Florida street address of the re	SS - T
The name and the Florida street address of the re-	SSEE FLORID

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signce

that the facts stated herein are true.)